[Bank Name]
[Bank Address]
[City, State, Zip Code]
[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Confirmation of Overdraft Service Opt-Out

Dear [Customer Name],

This letter confirms that we have processed your request to opt out of overdraft services for ATM and one-time debit card transactions for the following account(s):

Account Number(s): [Last four digits of account numbers]

What this means for you:

- The bank will no longer authorize and pay overdrafts for ATM and one-time debit card transactions.
- If your account has insufficient funds at the time of a transaction, the transaction will be declined.
- You will not be charged an overdraft fee for these declined transactions.

Please note that this choice does not affect the bank's policies regarding checks or recurring automatic bill payments (ACH). We may still authorize and pay overdrafts for those types of transactions, and standard overdraft fees may apply.

If you have any questions or wish to change your overdraft preferences in the future, please contact us at [Phone Number] or visit your local branch.

Sincerely,

[Bank Representative Name]
[Title]
[Bank Name]